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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/666,280	
	Filing Date	September 21, 2000	
	First Named Inventor	Kyoung Ro Yoon	
	Art Unit	2155	
	Examiner Name	Oanh L. Duong	
Total Number of Pages in This Submission	14	Attorney Docket Number	24286/81251

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Ferenc Pazmandi, Limited Recognition No. L0078
Signature	
Date	November 14, 2005

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**AMENDMENT FEE TRANSMITTAL LETTER**Applicants: **Kyoung Ro Yoon et al.**

Docket No.

24286-81251

Application No.

09/666,280

Filing Date

September 21, 2000

Examiner

Oanh L. Duong

Group Art Unit

2155Invention: **User Preference Information Structure Having Multiple Hierarchical Structure and Method for Providing Multimedia Information Using the Same****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	31 =	4	X \$50	\$50.00
INDEP. CLAIMS	6 -	5 =	1	X \$200	\$200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
Fee for filing response within first month					\$0.00
Fee for filing Information Disclosure Statement					\$180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$430.00

- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. **50-1597** in the amount of **\$430.00**.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
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Ferenc Pazmandi**Agent of Record****Limited Recognition No.: L0078**Dated: **November 14, 2005**

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